

SECTION 3 TRS MEMBERSHIP

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MEMBERSHIP ELIGIBILITY

Membership applies to all persons employed in an instructional position for at least 210 hours during a school year as a Teacher, Teachers' Aide, Librarian, Physical Education Director, Speech Therapist, School Nurse, School Psychologist, Guidance Counselor, Principal, Vice-Principal; Superintendent, and any other member of the teaching, coaching or professional staff of any public school, elementary school, high school, community college, state agency, or special education cooperative in the State of Montana.

A person elected to the office of County Superintendent of Schools after July 1, 1995 is not eligible for optional membership in the Public Employees Retirement System but may within 30 days of taking office elect to become an active member of the TRS. (Ref: §19-3-412, MCA) The retirement system membership of an elected County Superintendent of Schools as of June 30, 1995, must remain unchanged for as long as the person continues to serve in the capacity of County Superintendent of Schools. TRS retirees, who are elected to the position of County Superintendent after 1995, may choose not to participate in the TRS as an active member and to continue to receive their full retirement benefit.

Membership also applies to any person employed in the office of, or by, the State Superintendent of Public Instruction in a position which has a significant degree of executive or policy-making authority and whose appointment is based on required training or experience in the field of education.

Membership applies to employees of the University System who are eligible to participate in the TRS who were members prior to July 1, 1993, and College of Technology staff who were members prior to July 1, 1995.

Any person hired into the position of school district clerk or business official is not eligible for TRS membership.

The TRS does not require certification as a condition for membership. However, all positions requiring certification as provided under Title 20 are covered under the TRS. Positions of an instructional nature are eligible for membership with the TRS. The TRS Board determines eligibility for membership in the TRS. (Ref: §19-20-205, MCA.) Please call or write the TRS if you have any questions regarding TRS membership.

TIAA-CREF MEMBERS

The Teachers' Insurance and Annuity Association/College Retirement Equities Fund (TIAA-CREF), is an optional retirement plan available only to employees of the University System who are eligible to participate in the TRS. An eligible person hired on or after July 1, 1993, must become a member of the optional retirement plan unless the person is, on the date hired, an active, inactive, or retired member of the TRS. An individual cannot be in receipt of a TRS monthly benefit and be a member of TIAA-CREF, or their TRS benefit will be cancelled. (Refer to Section 8)

MONTANA TRS STATEMENT OF ACCOUNT

The statement of account for all TRS contributing members in your employment will be sent to your business office for distribution. The statement of account is heat-sealed to protect the privacy of the TRS member.

The statement of account for each TRS vested member, no longer employed in a position covered by the TRS, will be mailed directly to the TRS member's home mailing address.

RECORD FOR MEMBERSHIP FORM

A 'Record For Membership Form' must be completed by all new employees and returned to the TRS with the monthly contribution report on which contributions will first be reported for the new employee. The 'Record For Membership Form' is a legal document that the TRS will use to verify the members' and beneficiary(ies) Social Security Number, for IRS reporting, and other relative information. For all new employees, please verify the Social Security Number with the employees' Social Security card. Before submitting the membership form to the TRS, verify that the 'Record for Membership Form' is properly completed.

The TRS will mail a 'New Employee's Packet' to the current home mailing address of the new employee, which includes the Summary of Information handbook and an introduction to the TRS.

In addition to the 'Record For Membership Form', it is recommended that each new employee complete a 'New TRS Member Questionnaire' which will indicate if the new employee is retired from the Montana TRS and receiving a monthly benefit. A retiree from the Montana TRS is ineligible for full-time employment and you **must** notify the TRS office, advising the TRS that the retiree has signed a contract for full-time employment. The completed questionnaire is to be retained by the employer.

If a member needs to change their legal name, please indicate the name change in the check box provided on a 'Beneficiary Designation Form'. The 'Beneficiary Designation Form' is available at <http://www.trs.mt.gov>. If you have questions or need assistance, please contact the TRS office at (406) 444-2540.

NOTE: TRS working retirees are not required to submit a 'Record for Membership Form' to the TRS.



MONTANA TEACHERS' RETIREMENT SYSTEM

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
(406) 444-3134

TRS Office Use Only

RECORD FOR MEMBERSHIP

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.)

IMPORTANT: This information must be complete and accurate in every detail. It is a legal document and serves as the basis for all membership privileges and responsibilities. It also provides positive identification for the management of the member's Teachers' Retirement System (TRS) account. Unless a signed release is on file with the TRS, information concerning member accounts will be provided to members only. **Please DO NOT complete this form if you are receiving a monthly benefit from the Montana TRS.**

SECTION 1: Personal Data (Please DO NOT complete this form if you are a retiree):

Joan P Doe
(Name)

01-01-48
(Date of Birth)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|---|---|---|---|---|---|---|---|

(Social Security Number)

1111 S Freedom Way
(Home Mailing Address)

Helena MT 59601
(City, State & Zip Code)

(406) 111-2222
(Area Code & Telephone Number)

F
(Sex M/F)

Smith
(Maiden Name)

SECTION 2: Employment History

Current Employer:

Helena Public Schools

School District, University, or Institution

Helena
City

Lewis & Clark
County

#1
District

2004-05
School Year

Prior Service:

Date of last service as a teacher in a public or state supported school in Montana prior to this year: 5-1996
Month/Year

School District or University and county in which last employed: Butte Public Schools, Silver Bow County

Have you ever withdrawn your account balance from the Montana TRS? No

If so, date service was withdrawn: _____ Last name at the time of withdrawal: _____

Have you ever been employed in Montana by the State, a city, or a county other than as a teacher? YES

Have you ever been employed in a public, state-supported, or private school as a teacher in another state? YES

If so, please list the location(s), date(s), and retirement system(s) to which you were reported:

State of Montana – State Auditor
Location

1996-2003
Dates: From To

PERS
Retirement System

State of Wyoming – Natrona County Public Schools
Location

1972-1996
Dates: From To

WPERS
Retirement System

Location

Dates: From To

Retirement System

Joan P Doe

(Signature)

11-10-04

(Date)

BENEFICIARY DESIGNATION FORM

A 'Beneficiary Designation Form' must be completed by all new employees and returned to the TRS with the monthly contribution report on which contributions will first be reported for the new employee. Beneficiary information is critical in the event of the member's death. The recipient of any survivor benefit will be the designated beneficiary(ies) on file with the TRS. A member may wish to designate two or more persons to share equally as joint primary or joint contingent beneficiaries. Upon the death of a member, each primary beneficiary designated will be entitled to their portion of any survivor benefits payable. In case of the member's death the most recent 'Beneficiary Designation Form' on file with the TRS will determine the designation of beneficiary(ies).

Before submitting the 'Beneficiary Designation Form' to the TRS please verify that the form is properly completed, signed using the same name as listed on the 'Record For Membership Form' and witnessed.

If a member has a change of beneficiary, they must make sure the proper designation is made on a 'Beneficiary Designation Form' provided by the TRS. The 'Beneficiary Designation Form' is available at <http://www.trs.mt.gov> or from the TRS. If a member needs additional space to designate beneficiaries, a 'Beneficiary Designation – Attachment Form' is also available on the TRS website. The current primary beneficiary(ies) is printed each year on the 'Montana TRS Statement of Account'. (Ref: §19-20-1001, MCA.) If a member has questions regarding their beneficiary designation, they should contact the TRS office at (406) 444-2540.



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

1500 E 6TH AVE
PO BOX 200139
HELENA, MT 59620-0139
(406) 444-3134

TRS Office Use Only

**BENEFICIARY DESIGNATION FORM
ACTIVE MEMBERS ONLY**
PLEASE REVIEW INSTRUCTIONS BEFORE COMPLETING

Please Circle all that apply: New Member Change of Beneficiary Name Change Other _____

Printed Name (Member)

Joan P. Doe

Social Security Number

| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|---|---|---|---|---|---|---|---|---|

Home Mailing Address

1111 S Freedom Way

Change in Home Mailing Address?

☐ YES ☒ NO

City, State & Zip Code

Helena MT 59601

Area Code & Telephone Number
(406) 111-2222

BENEFICIARY DESIGNATION INSTRUCTIONS

You may designate your estate as the beneficiary. However, a lump sum payment of the member's account balance is the only benefit available under this designation.

Primary Beneficiary: The primary beneficiary(ies) is the person(s) who will be eligible to receive a benefit on this account at the time of your death. The benefit available will be determined based on your years of creditable service with the Montana Teachers' Retirement System (TRS). If you wish to designate more than one primary beneficiary, cross out the words "1st Contingent," "2nd Contingent," etc., connect all names with the word "**and**" (Doe, Jane **and** Doe, John), and provide all necessary information for each beneficiary.

Contingent Beneficiary: Contingent beneficiary(ies) will be eligible to receive a benefit only in the event that all primary beneficiary(ies) precede you in death.

If your primary beneficiary(ies) does not survive you, the benefit payable will be paid to the 1st contingent beneficiary(ies). You may name as many contingent beneficiaries as you wish. If the person named as a contingent beneficiary has not survived you, a lump sum payment will be made payable to your estate.

If you would like to list your spouse as your primary beneficiary and your children to share equally if your spouse does not survive you, you should list all the children as 1st contingent beneficiaries with all their names connected with the word "**and**". In this way, each child will receive an equal portion of benefits payable on your account. If you list each child separately as 1st contingent beneficiary, 2nd contingent beneficiary, etc., the 1st contingent will be eligible to receive benefits payable on your account; the 2nd contingent would be paid only if the 1st contingent preceded you in death, and so on.

DESIGNATION OF BENEFICIARY: Please provide all requested information for each beneficiary. The complete legal name, social security number, date of birth and relationship are required.

I hereby nominate and appoint the person(s) or estate named below as the designated beneficiary(ies) of my Montana TRS account. In the event of my death, I authorize and direct the Retirement Board to pay named beneficiary(ies) as designated. I understand the named beneficiary(ies) may be eligible to elect to receive a lump-sum refund of the accumulated account balance or a monthly retirement benefit as provided by §19-20-1001, MCA. If joint beneficiaries are named below to share equally and any should not survive me, I direct the Retirement Board to pay said amount in equal shares to the surviving joint beneficiaries and to pay the total amount to the surviving beneficiary should only one of the joint beneficiaries named survive me. I reserve the right to change my beneficiary(ies) at any time by filing, with the Retirement Board, written notice of such change on the form provided by the Retirement Board for that purpose. I understand that this designation of beneficiary(ies) will be canceled by the withdrawal of my account.

| PRIMARY BENEFICIARY | 1ST CONTINGENT BENEFICIARY | 2ND CONTINGENT BENEFICIARY |
|--|--|--|
| Doe John T Last Name First Name MI 500-00-1111 Male Social Security Number 10/05/40 Spouse Date of Birth Relationship 1111 S Freedom Way Home Mailing Address Helena MT 59601 City State Zip Code (406) 111-2222 Area Code & Telephone Number | Last Name First Name MI Social Security Number Male/Female Date of Birth Relationship Home Mailing Address City State Zip Code Area Code & Telephone Number | Last Name First Name MI Social Security Number Male/Female Date of Birth Relationship Home Mailing Address City State Zip Code Area Code & Telephone Number |

| 3RD CONTINGENT BENEFICIARY | 4TH CONTINGENT BENEFICIARY | 5TH CONTINGENT BENEFICIARY |
|--|--|--|
| Last Name First Name MI Social Security Number Male/Female Date of Birth Relationship Home Mailing Address City State Zip Code Area Code & Telephone Number | Last Name First Name MI Social Security Number Male/Female Date of Birth Relationship Home Mailing Address City State Zip Code Area Code & Telephone Number | Last Name First Name MI Social Security Number Male/Female Date of Birth Relationship Home Mailing Address City State Zip Code Area Code & Telephone Number |

If additional space is needed for beneficiary designation, please contact the TRS and request the Beneficiary Designation – Attachment Form or visit our website at <http://www.trs.doa.state.mt.us> to obtain the form.


11-10-04

(SIGNATURE OF MEMBER - Must reflect your legal name) (DATE)

WITNESS: *Two adults other than the beneficiaries must sign as witnesses to your signature. If this form does not contain the signatures of two witnesses, the form is invalid.

We, the undersigned, of lawful age, certify that we are acquainted with the member signing this Designation of Beneficiary and that such member has requested us to witness their signature as their free act and deed.


11-4-04



MONTANA TEACHERS' RETIREMENT SYSTEM

1500 E 6TH AVE
PO BOX 200139
HELENA, MT 59620-0139
(406) 444-3134

TRSOfficeUseOnly

BENEFICIARY DESIGNATION ATTACHMENT FORM ACTIVE MEMBERS ONLY

PLEASE REVIEW INSTRUCTIONS ON TRS FORM 123 BEFORE COMPLETING

Printed Name (Member)

Joan P Doe

Social Security No.

1 1 1 1 1 1 1 1 1 1

DESIGNATION OF BENEFICIARY: Please provide all requested information for each beneficiary. The complete legal name, social security number, date of birth and relationship are required

| 6TH CONTINGENT BENEFICIARY | 7TH CONTINGENT BENEFICIARY | 8TH CONTINGENT BENEFICIARY |
|---|---|---|
| <u>Doe-Jones</u> <u>Suzan</u> <u>M</u> Last Name First Name MI | <u>Doe</u> <u>Sidney</u> <u>K</u> Last Name First Name MI | <u>Doe</u> <u>Sarah</u> <u>C</u> Last Name First Name MI |
| <u>517-00-0006</u> <u>Female</u> Social Security Number Male/Female | <u>517-01-0007</u> <u>Male</u> Social Security Number Male/Female | <u>517-00-0206</u> <u>Female</u> Social Security Number Male/Female |
| <u>01-14-58</u> <u>Daughter</u> Date of Birth Relationship | <u>07-1-61</u> <u>Son</u> Date of Birth Relationship | <u>08-14-63</u> <u>Daughter</u> Date of Birth Relationship |
| <u>10 Sunnyside Lane</u> Home Mailing Address | <u>1170 S Tisdale</u> Home Mailing Address | <u>780 Clarke Street</u> Home Mailing Address |
| <u>Missoula</u> <u>MT 59801</u> City State Zip Code | <u>Bozeman</u> <u>MT 59715</u> City State Zip Code | <u>Helena</u> <u>MT 59601</u> City State Zip Code |
| <u>(406) 856-1212</u> Area Code & Telephone Number | <u>(406) 586-1212</u> Area Code & Telephone Number | <u>(406) 442-0021</u> Area Code & Telephone Number |

I hereby nominate and appoint the person(s) or estate named above as the designated beneficiary(ies) of my Montana TRS account. In the event of my death, I authorize and direct the Retirement Board to pay named beneficiary(ies) as designated. I understand the named beneficiary(ies) may be eligible to elect to receive a lump-sum refund of the accumulated account balance or a monthly retirement benefit as provided by §19-20-1001, MCA. If joint beneficiaries named above are to share equally, and any should not survive me, I direct the Retirement Board to pay said amount in equal shares to the surviving joint beneficiaries and to pay the total amount to the surviving beneficiary should only one of the joint beneficiaries named survive me. I reserve the right to change my beneficiary(ies) at any time by filing, with the Retirement Board, written notice of such change on the form provided by the Retirement Board for that purpose. I understand that this designation of beneficiary(ies) will be canceled by the withdrawal of my account.

Joan P Doe

11-10-04

(SIGNATURE OF MEMBER - Must reflect your legal name)

(DATE)

WITNESS: *Two adults other than the beneficiaries must sign as witnesses to your signature. If this form does not contain the signatures of two witnesses the form is invalid.

We, the undersigned, of lawful age, certify that we are acquainted with the member signing this Designation of Beneficiary Attachment Form and that such member has requested us to witness their signature as their free act and deed.

Harry J Jones

(SIGNATURE OF WITNESS - Must reflect your legal name)

11-4-04

(DATE)

Marion L Jones

(SIGNATURE OF WITNESS - Must reflect your legal name)

11-4-04

(DATE)

NEW TRS MEMBER QUESTIONNAIRE

Membership in the TRS is compulsory for all public educators, except for persons employed less than 210 hours in any given fiscal year. Each new employee in a TRS covered position should complete a 'New Member Questionnaire'. The completed questionnaire will inform your business office of any previous employment in a position covered under the Montana TRS.

A retired TRS member, receiving a monthly benefit from the Montana TRS, is limited to part-time employment while working in a position that is covered under the TRS. In addition, they are limited in the amount that may be earned and still receive a monthly benefit from the TRS. Your business office must contact the TRS to confirm the maximum amount a TRS retiree may earn. (Refer to Section 8)

The completed 'New Member Questionnaire' **must** be retained by the employer. Do not send the questionnaire form to the TRS office.



MONTANA TEACHERS' RETIREMENT SYSTEM

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
(406) 444-3134

TRS Office Use Only

NEW MEMBER QUESTIONNAIRE

Personal Data (Please DO NOT complete this form if you are a retiree):

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|---|---|---|---|---|---|---|---|---|---|

Jane P Doe

(Name)

01-01-48

(Date of Birth)

(Social Security Number)

1111 S Freedom Way

(Home Mailing Address)

Helena MT 59601

(City, State & Zip Code)

(406) 111-222

(Area Code & Telephone Number)

F

(Sex M/F)

Smith

(Maiden Name)

Are you receiving a monthly benefit from the Montana Teachers' Retirement System (TRS)?

Yes

No

If you are receiving a monthly benefit from the Montana TRS **DO NOT** complete the remainder of this form. However, you are limited to part-time employment, plus a maximum dollar amount, and still receive your monthly benefit. You and your employer *must* contract the TRS to confirm the maximum dollar amount you may earn and still receive your monthly retirement benefit. This completed form must be returned to the school business office, to be retained by the employer.

Are you currently employed in a position covered by the Montana TRS, with TRS contributions being withheld from your wages?

Yes

No

If YES, please indicate the name of your current employer Helena Public Schools

YES

NOTE: If you are a substitute teacher or a part-time teacher's aide and not a member of the TRS, you must also complete a 'Substitute Teacher or Part-Time Teacher's Aide Membership Election Form.'

Membership in the TRS is compulsory for all public educators except for persons teaching less than 210 hours in any given fiscal year. The TRS is a "Defined Benefit Plan" qualified under Internal Revenue Code 401(a). Upon receipt of your completed 'Record For Membership Form' information regarding your retirement system account will be sent from the TRS office to your home mailing address.

If you were previously employed in a position covered under the TRS and withdrew your account, you are eligible to redeposit this service. Please contact the TRS at (406) 444-3134 to request this or any other information regarding the retirement system.

Jane P Doe

11-10-04

(Signature)

(Date)

PLEASE RETURN THE COMPLETED FORM TO THE SCHOOL BUSINESS OFFICE
THE COMPLETED FORM IS TO BE RETAINED BY THE EMPLOYER

MEMBERSHIP OF FULL-TIME EMPLOYEES

An employee, in an instructional services capacity that extends over a normal fiscal year of at least nine months or 180 full-time days in any one fiscal year, is considered a full-time employee by the TRS. If a TRS member contracts for employment in excess of nine months, only one year of creditable service shall be awarded for each fiscal year.

MEMBERSHIP OF PART-TIME EMPLOYEES

A part-time employee, in an instructional services capacity for more than 210 hours during a fiscal year, is required to be a TRS member beginning on the first day of employment. Once a part-time employee becomes a member, they will remain a member in subsequent years, regardless of the number of hours worked each fiscal year.

MEMBERSHIP OF SUBSTITUTE TEACHERS AND PART-TIME TEACHER'S AIDES

A substitute teacher or a part-time teacher's aide must complete a 'Substitute Teacher or Part-Time Teacher's Aide Membership Election Form' on their first day of employment. Once a substitute teacher or part-time teacher's aide elects to become a TRS member, they **must** continue to be a TRS member each successive fiscal year while employed as a substitute teacher or part-time teacher's aide, regardless of the number of hours worked each fiscal year.

If a substitute teacher or part-time teacher's aide does not elect to be a member of the TRS on their first day, they **must** become a TRS member after completing 210 hours of employment in any fiscal year. They will then be required to continue to be a TRS member in each successive fiscal year while employed as a substitute teacher or part-time teacher's aide, even if they are employed for only one day.

A part-time teacher's aide is defined as an individual who works less than seven hours a day assisting a certified teacher in a classroom.



MONTANA TEACHERS' RETIREMENT SYSTEM

1500 E 6TH AVE
PO BOX 200139
HELENA MT 59620-0139
(406) 444-3134

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MEMBERSHIP ELECTION SUBSTITUTE TEACHER OR PART-TIME TEACHER'S AIDE

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.)

Personal Data (Please DO NOT complete this form if you are a retiree):

Joan P Doe

(Name)

01-01-48

(Date of Birth)

1 1 1 1 1 1 1 1 1 1

(Social Security Number)

1111 S Freedom Way

(Home Mailing Address)

Helena MT 59601

(City, State & Zip Code)

(406) 111-2222

(Area Code & Telephone Number)

Female

(Sex M/F)

Smith

(Maiden Name)

- A substitute teacher or part-time teacher's aide may elect to be a member of the Montana Teachers' Retirement System (TRS) on the first day of employment. Once you elect to become a member you **must** continue to be a member each successive fiscal year while employed as a substitute teacher or a part-time teacher's aide.
- If you do not elect to be a member of the TRS on the first day of employment as a substitute teacher or part-time teacher's aide, you **must** become a member once you have completed 210 hours in any fiscal year. Once you become a member you are required to continue to be a member in each successive fiscal year while employed as a substitute teacher or a part-time teacher's aide, even if you are employed for only one day.

I elect the following option with respect to the possibility of working more than 210 hours in the capacity of a substitute teacher or a part-time teacher's aide. Initial the appropriate box to indicate your selection.

| | | |
|--|------------------|-------|
| Are you receiving a monthly benefit from the Montana TRS? | YES | NO |
| If you are receiving a monthly benefit from the Montana TRS DO NOT complete the remainder of this form. However, you are limited to part-time employment, plus a maximum dollar amount, and still receive your monthly benefit. You and your employer must contract the TRS to confirm the maximum dollar amount you may earn and still receive your monthly retirement benefit. This form must be returned to the school business office, to be retained by the employer. | _____ | _____ |
| I prefer to have a deduction for the TRS made beginning on the first day of my service as a substitute teacher or a part-time teacher's aide. I have completed the 'Record for Membership Form.' | JPD Initial | |
| I would prefer that no deductions for the TRS be made from my substitute teacher or part-time teacher's aide pay until I have completed 210 hours of service during the fiscal year. | _____ Initial | |

THIS FORM MUST BE RETURNED TO THE SCHOOL BUSINESS OFFICE, TO BE RETAINED BY THE EMPLOYER

Joan P Doe

(Signature)

11-10-04

(Date)

PLEASE RETURN THIS COMPLETED FORM TO THE SCHOOL BUSINESS OFFICE
THE COMPLETED FORM IS TO BE RETAINED BY THE EMPLOYER

CHANGE OF HOME MAILING ADDRESS

Changes to a TRS member's home mailing address must be submitted to the TRS in writing. The 'Change of Home Mailing Address' form is available on the TRS web site at <http://www.trs.mt.gov> or by calling the TRS office.



**MONTANA
TEACHERS' RETIREMENT SYSTEM**

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PO BOX 200139
HELENA MT 59620-0139
(406) 444-3134

TRS Office Use Only

CHANGE OF MAILING ADDRESS

(PLEASE TYPE OR PRINT LEGIBLY IN DARK INK.)

The Teachers' Retirement System must be advised of any permanent change in address. Changes must be submitted in writing to the above address and must be signed by the member or benefit recipient.

Personal Data

Joan P Doe
(Name)

01-01-48
(Date of Birth)

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 |
|---|---|---|---|---|---|---|---|---|---|

(Social Security Number)

PREVIOUS ADDRESS:

412 S Rodney
(Home Mailing Address)

Helena MT 59601
(City, State & Zip Code)

NEW ADDRESS:

07-15-2004
(Effective Date of Change)

1111 S Freedom Way
(Home Mailing Address)

Helena MT 59601
(City, State & Zip Code)

(406) 111-2222
Area Code & Telephone Number

- NOTE: IF ANYONE OTHER THAN THE MEMBER OR BENEFIT RECIPIENT SIGNS THIS FORM, LEGAL DOCUMENTATION GIVING THEM THE AUTHORITY TO DO SO MUST BE ATTACHED TO THIS FORM.

Joan P Doe
(Signature)

11-10-04
(Date)